



RCE 13624
#15
9/3/25/04

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 02698/36	APPLICATION SERIAL NO. 09/336,031	EXAMINER Ella Colbert	ART UNIT 3624
------------------------	--------------------------------------	--------------------------	------------------

INVENTOR(S):
Kevin CURTIS et al.

RECEIVED
MAR 22 2004

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

GROUP 3600

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addresses to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: 16 March 2004

Signature: [Signature]
Michelle Carniaux (Reg. No. 36,098)

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/336,031, filed on June 18, 1999, entitled **METHOD AND SYSTEM FOR REFERENCING, ARCHIVING AND RETRIEVING SYMBOLICALLY LINKED INFORMATION**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

<input checked="" type="checkbox"/> Amendment	
<input checked="" type="checkbox"/> Information Disclosure Statement	03/19/2004 AWONDAF1 00000073 110600 09336031
<input type="checkbox"/> Drawing Changes	01 FC:1801 770.00 DA
<input type="checkbox"/> Other Submission:	

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						770.00
TOTAL CLAIMS	43		49	0	18.00	0.00
INDEPENDENT CLAIMS	14		14	0	86.00	0.00
MULTIPLE DEPENDENT CLAIM						
				Number extra must be zero or larger	TOTAL	770.00

If Applicant is a small entity under 37 C.F.R. §§ 1.9
and 1.27, then divide total fee by 2, and enter amount here.

TOTAL

770.00

2. Please charge the required RCE and submission filing fee and additional claims fee of **\$770.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. The Commissioner is hereby authorized to charge payment of fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed for charging purposes.

Respectfully submitted,

Dated: 16 March 2004

By:



Michelle Carniaux (Reg. No. 36,098)

KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-6486 (telephone)
(212) 425-5288 (facsimile)

Customer No. 26646